

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 C 2705

GOYKE HEALTH CENTER, P. C.,
individually and as the representative of a class
of similarly-situated persons,

vs.

METLIFE, INC. and METLIFE SECURITIES, INC.,

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

METLIFE, INC. and METLIFE SECURITIES, INC.

| | |
|---|----------------------------------|
| NAME (Type or print) Natalie A. Harris | |
| SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Natalie A. Harris | |
| FIRM Mandell Menkes LLC | |
| STREET ADDRESS 333 West Wacker Drive, Suite 300 | |
| CITY/STATE/ZIP Chicago, Illinois 60606 | |
| ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6272361 | TELEPHONE NUMBER 312-251-1000 |
| ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/> | |